| , * | | | | Application or Docket Number | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------|---------------|------------------------------|----------|------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECOR | | | | 10785531 | | | |
| CLAIMS AS | (Column 1) | (Column 2) | . SMALI | YTITKE. | OR | OTHER | |
| TOTAL CLAIMS | 38 | | RAT | E FEE |]. | RATE | FEE |
| FOR | NUMBER FILED | NUMBER EXTR | BASIC | TEE 385.00 | OR | BASIC FEE | 770.00 |
| TOTAL CHARGEABLE CLAIMS | 38 minus 20= | . 18 | XS 9 | - | OR | XS18= | 324 |
| INDEPENDENT CLAIMS | 3 minus 3 = | <u>'</u> | X43 | | OR | X86+ | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | •145 | | OR | +290= | · |
| • If the difference in column 1 is less than zero, enter "0" in column 2 | | | TOTA | ı. | OR | TOTAL | 1094 |
| CLAIMS AS A | MENDED - PAR | TII. | | | . | OTHER | |
| (Column 1) | (Colur | nn 2) (Colum | n 3) SMA | L ENTITY | OR | SMALL | ADDI |
| A PEMADING | MUM PREVX PAID | DUSLY EXTR | | | | RATE | TIONAL |
| Total - 38 Independent - 3 | Minus - 3 | 8 - | Z xs 9 | | OR | X\$18- | |
| Independent • 3 | | 3 % | X43 | | ОЯ | X86= | |
| FIRST PRESENTATION OF MI | JETIPLE DEPENDENT | CLAIM | +145 | | OR | +290= | · . |
| | | | TO ADDIT, F | | OR | TOTAL ADDIT, FEE | |
| (Column 1) | (Colu | mn 2) (Colum | | | _ | | • |
| CLAIMS REMAINING AFTER AMENOMENT | HIGH NUM PREVI PAID | BER PRESE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total -38 | Minus 50 | 1 . | X39 | • | OR | X\$18= | |
| independent • 3 | Minus 3 | | X43: | | OR | X86= | |
| FIRST PRESENTATION OF ME | JUTIPLE DEPENDENT | CLAIM . | 1145 | | OR | +290s | |
| 1 1 | | | 101 | A | OR | TOTAL ADDIT, FEE | |
| 9 6107 (Column 1) | . (Colum | mn:2) (Colum | n 3) | CF | | | |
| CLAIMS REMAINING | · /HIGH · NAM PREVI PAID | CER PRESE | | ADOI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • 3X | name -3 | 8 - | X\$ 9 | | OR | X\$18= | |
| Total AFTER AMERICANT Total AMERICANT Independent AMERICANT Total | Minus | 3 1. | X | 7 | OR | 1 | 200 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | 145 | .1 | OR | +290- | |
| • If the entry in column 1 is less than t | ne entry in cations 2, write | T'in column 3 | 100 | Z | OR | TOTAL | eri d |
| If the "Highest Number Proviously Pr "If the "Highest Number Proviously Pr The "Highest Number Proviously Pal | HE COMPANY THE COMPANY | le teurs than 3. antis | J. | | | ADDIT. FEE AURIN 1. | |
| CORM PTO-675 Plan. (OCC) | | | Proper and To | dends Offici, | LE. DE | MATTAGENT O | COMMENCE. |